

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

KAHANA ROSE EVA CHARLES,

Plaintiff(s)

v.

CENTERS HEALTH CARE, LLC D/B/A BORO PARK
CENTER FOR REHABILITATION AND NURSING, et
al, (See attached rider)

Defendant(s)

Civil Action No. 1:24-cv-02199-NGG-JAM

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* (See attached rider)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Phillips & Associates PLLC
45 Broadway Suite 430,
New York, NY 10006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



BRENNNA B. MAHONEY
CLERK OF COURT

s/Tiffeny Lee-Harris

Signature of Clerk or Deputy Clerk

Date: 03/28/2024

Civil Action No. 1:24-cv-02199-NGG-JAM

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

Full Caption

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

-----X **Docket No.**
KAHANA ROSE EVA CHARLES,

Plaintiff,

-against-

CENTERS HEALTH CARE, LLC D/B/A BORO PARK
CENTER FOR REHABILITATION AND NURSING,
CYRINA BENJAMIN, *In Her Individual and Official
Capacities*, DAVID GREENBERG, *In His Individual
and Official Capacities*, LINDA PONCE, *In her
individual and Official Capacities*, and BARBARA
ELLIS, *In Her Individual and Official Capacities*,
ISAAC SABO, *In His Individual and Official
Capacities*,

Defendants.

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TO: *(Defendants name and address):*

CENTERS HEALTH CARE, LLC D/B/A BORO PARK CENTER FOR REHABILITATION
AND NURSING
4915 10th Ave, Brooklyn, NY 11219

CYRINA BENJAMIN
4915 10th Ave, Brooklyn, NY 11219

DAVID GREENBERG
4915 10th Ave, Brooklyn, NY 11219

LINDA PONCE
4915 10th Ave, Brooklyn, NY 11219

BARBARA ELLIS
4915 10th Ave, Brooklyn, NY 11219

ISAAC SABO
4915 10th Ave, Brooklyn, NY 11219